

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service 05/23/01, 06/04/01 and 06/25/01?
- b. The request was received on 03/12/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 05/31/02
  - b. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/16/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/17/02. The response from the insurance carrier was received in the Division on 05/31/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: no position statement submitted
2. Respondent: letter dated 05/31/02  
"The charges were appropriately reduced because the value of certain procedures were included in the value of another procedure on this same date."

#### IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only dates of service eligible for review are 05/23/01, 06/04/01, and 06/25/01.
2. The Requestor submitted an updated Table of Dispute Services on 06/25/02. The remaining issue is CPT code 95851 billed on the above dates of service.
3. The Carrier's EOBs have the denials "F – THE SERVICE LISTED UNDER THIS PROCEDURE CODE ARE INCLUDED IN A MORE COMPREHENSIVE CODE WHICH ACCURATELY DESCRIBES THE ENTIRE PROCEDURE(S) PERFORMED."
4. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS                              | CPT CODE | BILLED                        | PAID                       | EOB Denial Code | MARS                          | REFERENCE  | RATIONALE:  |
|----------------------------------|----------|-------------------------------|----------------------------|-----------------|-------------------------------|--|---|
| 05/23/01<br>06/04/01<br>06/25/01 | 95851    | \$36.00<br>\$36.00<br>\$36.00 | \$0.00<br>\$0.00<br>\$0.00 | F<br>F<br>F     | \$36.00<br>\$36.00<br>\$36.00 | Texas Workers' Compensation Act & Rules, Rule 134.304(c); MFG E/MGR (IV)(A)(1), CPT descriptor | The carrier denied reimbursement stating the ROM testing is global to another procedure performed on the date of service in dispute. The carrier made no reference to which procedure it considered the ROM testing to be global to. The medical documentation indicates the ROM testing has performed by the doctor. Per the referenced E/MGR the doctor should be reimbursed for the test and the office visit. The ROM testing is not considered global to any of the other codes billed on the date of service in dispute. Therefore, provider is due reimbursement of <b>\$108.00</b> (\$36.00 MAR x 3 DOS). |
| <b>Totals</b>                    |          | \$108.00                      | \$0.00                     |                 |                               |  | The Requestor is entitled to additional reimbursement of <b>\$108.00</b> .  |

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$108.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 26<sup>th</sup> day of June, 2002.

Larry Beckham  
Medical Dispute Resolution Supervisor  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.